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APPLICANTS

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** SMALL ENTITY **

GRANTED

** 02/13/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>A.R.</i>	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>A.R.</i>	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Robert E. Woodard</i> Examiner's Signature	Initials	17	17	2

ADDRESS

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TITLE

Ablation instrument having a flexible distal portion

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees
ACCOUNT		<input type="checkbox"/> 1.16 Fees (Filing)
RECEIVED	No. _____ for following:	

435

- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
- Other _____
- Credit